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CONFIRMATION NO. 1916

SERIAL NUMBER 10/057,313	FILING OR 371(c) DATE 01/25/2002 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. MS/2
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## APPLICANTS

Michael Schuman, Ft. Myers, FL;

## \*\* CONTINUING DATA \*\*\*\*

This appln claims benefit of 60/264,523 01/26/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/25/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	3	28	4
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

000049420

## TITLE

Device and method for stabilizing wrists and arms

FILING FEE RECEIVED 592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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